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Draft country programme document**

Tunisia

Summary

The draft country programme document (CPD) for **Tunisia** is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of **US$ 4,540,000** from regular resources, subject to the availability of funds, and **US$ 5,000,000** in other resources, subject to the availability of specific-purpose contributions, for the period 2015-2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Basic data[a] *(2012 unless otherwise stated)*	
Child population (*millions, under 18 years, male/female*)	1.6/1.5
U5MR (*per 1,000 live births*)	16
Underweight (*per cent, moderate and severe, 2008*)	2
(*per cent, male/female, urban/rural, poorest/richest*)	3/1, 2/2, 3/2
Maternal mortality ratio (*per 100,000 live births, adjusted, 2010*)	56
Use of improved drinking water sources (*per cent, 2010*)	96
Use of improved sanitation facilities (*per cent, 2010*)	90
One-year-olds immunized with DPT3 (*per cent*)	97[b]
One-year-olds immunized against measles (*per cent*)	96[b]
Primary school enrolment/attendance (*per cent, net, male/female, 2008*)	98/98
Survival rate to last primary grade (*per cent, male/female, 2008*)	97/96
Adult HIV prevalence rate (*per cent, 15-49 years, male/female*)	<0.1/<0.1
HIV prevalence among pregnant women (*per cent*)	..
Child labour (*per cent, 5-14 year olds, male/female, 2011-2012*)	3/2
Birth registration (*per cent, under 5 years of age, 2011-2012*)	99
(*per cent, male/female, urban/rural, poorest/richest*)	99/100, 100/98, 98/100
GNI per capita (*US$*)	4,150

[a] Additional data on children and women as well as detailed methodological notes on estimates are available on the website www.childinfo.org/.

[b] The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. Gender-disaggregated data are as follows, according to the Multiple Indicator Cluster Survey (MICS), 2011-2012: with regard to DPT3, male: 94 per cent; female: 99 per cent; with regard to measles, male: 94 per cent; female: 95 per cent.

Summary of the situation of children and women

1. In January 2014, three years after the revolution, Tunisia adopted its new Constitution, establishing the bases for a democratic State: checks and balances, decentralization, increased parity within governance institutions, and preservation of the civil character of the State. The addition of an article on the rights of the child to the Constitution constitutes a further considerable achievement. The transitional period weakened the country, which in 2013 experienced a slowdown in its economic recovery, high unemployment among the young and the continuation of regional disparities, causes of social tension. These difficulties could have an impact on the performance of the social sectors and affect the most vulnerable groups, particularly children. A Government consisting of independent persons has been designated and entrusted with leading the country to legislative and presidential elections.

2. Reducing the vulnerability of broad sections of the population is one of the main challenges faced in the new national context. Extensive reforms are necessary. Analysis of multiple hardships affecting children and other assessments and studies reveal that the protection systems and social sectors have failed to diminish significantly the regional disparities by type of area or socio-economic level.

3. MDG 2, which concerns education, has been attained, with almost universal school enrolment of children aged 6-11. MDG 3, which concerns gender parity at all levels of education, has also been achieved, although girls still drop out in rural areas and a greater number of boys drop out at the levels of secondary and higher education. Analysis of dropping out of school (involving 100,000 school-age children in 2013)[1] highlights the inadequate quality of available education and the lack of effective systems of governance at all levels. Difficult transition to secondary school is behind many school failures, particularly among boys. The quality of scholastic achievement is below expectations, school inclusion of children with disabilities remains low (1,634 in 2012)[1] and the effectiveness and impact of reforms have been limited. Access to preschool education is partial (44 and 79.5 per cent among children aged, respectively, 3-4 and 5-6)[2] and characterized by deep social and geographic disparities (with wealthy- versus poor-household rates of, respectively, 81 and 13 per cent among 3-4 year-olds).

4. Under-5 mortality (U5MR) has declined steeply since 1990 and therefore the attainment of MDG 4 by 2015 is plausible. Efforts aimed at reducing neonatal mortality, which accounts for two thirds of infant deaths, must increase. Indicators reveal significant progress in antenatal care and deliveries in health establishments, particularly in the most disadvantaged regions.[3] However, maternal mortality remains a major challenge, and if MDG 5 is to be attained, the Government must take drastic measures, particularly in rural areas. Routine information management is not adapted to decision-making regarding the prevention of mothers' deaths. HIV/AIDS prevalence is low in the population as a whole but exceeds 5 per cent[4] in certain key groups, which is characteristic of a concentrated epidemic. Programmes for maternal and child health and for HIV/AIDS prevention remain vertical and the lack of integration constitutes a major obstacle to universal access of mothers and children to quality services.

5. Progress achieved with respect to the protection of children concerns the legislative environment, the withdrawal of the last reservations to the United Nations Convention on the Rights of the Child and the enhancement of basic services. Certain problems persist. Thus, the law is not effectively implemented and practices that do not respect children's physical integrity or morals continue. Girls and boys still suffer parental violence (approximately one third of children aged 2-14 years are victims of physical violence).[2] Physical violence also takes place within institutions and at school. The number of juvenile delinquents (mainly boys), which has been stable in recent years, and the high rate of recidivism reveal a relative failure of social and family rehabilitation. Although the number of children in institutions has not increased, the duration of institutionalization has become longer. Bottlenecks occur as a result of the lack of alternative methods (release under supervision, for instance), insufficient information and networking among actors, strong centralization and low quality of services, particularly in disadvantaged regions.

[1] *Source*: Ministry of Education.

[2] Multiple Indicator Cluster Survey (MICS) 4, 2011-2012.

[3] MICS show for instance that in the period 2006-2012 the proportion of pregnant women having had more than four antenatal consultations increased from 44.3 to 83.3 per cent in the Kairouan governorate and from 66.8 to 85.1 per cent at the national level; and of those having given birth in a health establishment, increased from 70.8 to nearly 100 per cent in the Kasserine governorate and from 94.5 to 98.5 per cent at the national level.

[4] *Source*: Ministry of Health.

6. Progress achieved with respect to access to leisure activities concerns essentially the infrastructure. However, access to leisure activities is characterized by inequality based on the area of origin and on gender (to the detriment of girls), the library use rate is low, and the quality of media programmes for children calls for improvement. Adolescents and young persons, particularly girls, or approximately one third of the population, do not sufficiently participate in public life. The key role they played in the revolution has not translated into paying greater attention to their views within the family, the school and civil society. Many associations are still dominated by adults.

7. In June 2010, improvements in the situation were noted in the concluding observations of the Committee on the Rights of the Child on the third periodic report of Tunisia. The Committee confirmed however the need for additional efforts to improve the pre-school enrolment rate and the quality of education, to reduce the school abandonment rate and the number of children in institutions and to introduce alternatives to detention for adolescents in conflict with the law. In October 2010, the Committee on the Elimination of Discrimination against Women recommended withdrawing all reservations to the Convention (which was partially done in 2011) and adopting a strategy aimed at eliminating patriarchal attitudes and discriminatory stereotypes with respect to women.

Key results and lessons learned from previous cooperation, 2007-2014

Key results

8. Advocacy, in which UNICEF actively engaged during the transitional period and which was supported by public institutions, associations, the media and parliamentarians, led to adding to the new Constitution an article reaffirming the basic principles of the United Nations Convention on the Rights of the Child and recognizing that children have rights, that the family and the State are guarantors of those rights and that children's best interest must, without any discrimination, guide any decision related to them. That advocacy also helped to set up an independent mechanism to monitor the rights of the child. Partnerships have been formed with the emerging civil society, with training institutes for journalists and with media regulation authorities to promote respect for the rights of the child.

9. The Multiple Indicator Cluster Survey, 2011-2012 (MICS 4) and the national Multiple Overlapping Deprivation Analysis (N-MODA) approach provided the first disaggregated data available since the revolution. They highlighted considerable social and geographical disparities affecting children and led to policy proposals for combating child poverty. The results of the evaluation of national plans for the support of needy families (particularly through education allowances) and of health districts will serve as a basis for reform proposals concerning social-protection and health systems. Moreover, teachers have been consulted and planning capacities have been enhanced in support of education reform.

10. The strategy of targeting activities promoting mother and child health in disadvantaged regions (particularly in the Centre-West), which has been adopted by the Ministry of Health and supported by UNICEF since 2000, has been continued, thanks to specific support in the areas of diagnosis, capacity-building and outreach

work and has improved the coverage of services. In addition, HIV/AIDS testing centres have been set up in all regions of the country and a national mother-to-child transmission prevention (PMTCT) strategy has been launched through four university centres. The creation of an information system on youth has begun and the participation of young persons in discussions of policies that concern them has been encouraged through partnership between the Ministry of Youth, the National Observatory on Youth, and non-governmental organizations (NGOs). Moreover, a project for the prevention of drug addiction in schools has been launched in cooperation with the Ministry of Health.

11. Activities in the area of pre-school education have received new stimulus. Feasibility studies on generalizing the last pre-school year and expanding it in disadvantaged areas have identified political options that are more egalitarian. The school inclusion strategy has been revised to ensure the access of disabled children to ordinary schools, while support is currently made available for the first phase of implementation of that strategy. The integrated "child-friendly school" model has been tested and adopted. New impulse has been given to the fight against dropping out of school, on the basis of studies that have provided insights into the extent, gender-specific dimension and other characteristics of the phenomenon.

12. In the area of child protection, considerable progress has been made through the action plan against violence, the enhancement of the capacities of actors and the establishment of information systems. Thus, 70 per cent of children reported to child protection staff are assisted in accordance with the law and two thirds of children born out of wedlock and placed in an institution in 2012 have been integrated as appropriate or placed with a foster family. A three year programme of support for the improvement of the juvenile justice system has been launched with European Union support.

Lessons learned

13. Since the mid-term review and thanks to opportunities created after the revolution, various evaluations of programmes, reviews, studies and discussion papers have helped to draw lessons useful for future plans and have kindled partners' interest in policy and strategy assessments as discussion inputs regarding reforms that the country intends to launch.

14. Inadequate intra- or intersectoral coordination, extensive centralization and programme verticality have been identified as cross-cutting constraints. Note has also been made of insufficient pilot implementation of programmes and of the inadequacy of information systems in view of the constantly changing situation of children, particularly those most vulnerable. In-service training of service providers seems to have a limited and short-lived impact. It should be planned on the basis of partnerships with universities, should be included in national budgets and should make use of information technologies. Moreover, it has been observed that children, adolescents, young persons and parents do not participate in the formulation, implementation and evaluation of policies and programmes that concern them.

15. Evaluation of the "child protection" component has shown its relevance but has revealed insufficient targeting, effectiveness and impact in terms of reducing violence or institutionalization. It has also highlighted the low quality of services, the limited application of care standards regarding children in conflict with the law,

the lack of legislative measures for child victims, the insufficiency of activities targeting the family and the lack of information conducive to social change.

16. Analysis of the gender component has shown that relevant concepts are well understood but gender considerations are inadequately mainstreamed into programmes. Rapid examination of the education component has confirmed the relevance of support for national plans aimed at equity but has revealed their limited effectiveness. Such reviews have underscored the need for creating partnerships with civil society, parents, communities, the media and organizations for the defence of the rights of children and women in order to strengthen advocacy of equity, gender equality and fair treatment of vulnerable groups.

17. Support has been provided for evaluations and discussions regarding such national plans as the national programme for the development of health districts (PNDCS) and the programme for social activities for schools (PASS). Such reviews have revealed the inadequate implementation of recommendations set forth in earlier evaluations, pointed to a context currently more conducive to eliminating constraints, and recognized the relevance, variable effectiveness and weak sustainability of the programmes in question.

18. Lessons have also been drawn from the response to the 2011 massive influx of migrants (including families) at the Libyan border. That emergency highlighted the need for better preparation for such crises and disasters, readjustment of existing national systems so as to handle emergencies and enhancement of the population's resilience.

Country programme, 2015-2019

Summary budget table

	(Thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Equitable social and health policies	1 350	700	2 050
Quality education for all children	1 200	2 300	3 500
Protection of children and adolescents	1 200	1 800	3 000
Intersectoral component	790	200	990
Total	**4 540**	**5 000**	**9 540**

Preparation process

19. This programme has been prepared on the basis of discussions held since the 2010 mid-term review and of the recommendation to adapt the programme to the situation of Tunisia, as a medium-income country with considerable human development and a high capacity to ensure its own development. In that framework, account has been taken of challenges and opportunities resulting from the national context in the wake of the revolution and identified in the observations of human rights treaty bodies and in recent studies, surveys and evaluations.

20. The above discussion benefited also from broad consultations with the partners in late 2013. In those consultations, the situation in each area was examined on the basis of an analysis of relevant determinants, which aimed at identifying key

bottlenecks and obstacles impeding the attainment of outcomes fair to children and the adoption of priorities for action.

Programme components, key expected results and strategies

21. The programme is based on a vision guided by equality and justice and aimed at ensuring that all children and adolescents, regardless of gender, have access to the same rights. Its goal is to contribute to improving access of the poorest and most vulnerable children, particularly in the most disadvantaged regions, to effective social protection and to quality health, education and welfare services, and to promoting their participation in all activities. Programme components have been selected to respond as strategically as possible to the main disparities affecting children, by eliminating the bottlenecks identified.

Component entitled "Equitable social and health policies"

22. This component addresses common obstacles identified in order to create an environment conducive to reducing deprivation and disparities affecting children. It aims at ensuring that social reforms target, as a matter of priority and regardless of gender, the most vulnerable children and adolescents and that their rights are addressed more effectively in national, regional and local policies, strategies and programmes of development, through the three major contributions described below.

23. First, the processes of reforming the social protection system and the social sectors will be supported by advocacy of the new economic development plan, the sectoral policies and the national plan for children as means for addressing the rights of the child and equity issues. To that end, the programme will require innovative methodological tools developed during the last period (inter alia, N-MODA, child impact analyses and social budgeting) and rely on experience acquired in other countries in the framework of South-South cooperation. Discussion on financing social protection and policies for children and on the impact of tax reform and subsidies on children will be central to this component.

24. Second, the national decentralization process will be supported through the establishment of mechanisms for analysing constraints and identifying appropriate solutions at the local level. In that context, certain targeted regions will be assisted at the levels of strategic planning, monitoring and participatory evaluation of the social sectors. In order to eliminate obstacles to the use of social services and to the adoption of social standards and types of behaviour favourable to the survival, development and protection of children, decentralized models for following up on outcomes as regards equity and the gender perspective will be tested. In the area of health, emphasis will be placed on the integration of programmes and services which target mothers, children and adolescents and include activities for HIV/AIDS prevention and nutrition improvement. Special attention will be paid to setting up early warning systems to avert risks, disasters and vulnerabilities that affect children. The programmes will support initiatives for strengthening the resilience of communities.

25. Third, the participation of children, adolescents and young persons, regardless of gender, will be promoted and mainstreamed into the development process through capacity-building for them and the other stakeholders. In that framework, those

groups will be encouraged to participate in the development, monitoring and evaluation of policies and strategies that concern them.

26. The main partners in implementing and following up on this component will be the Office of the Prime Minister, the Ministries of Planning, Social Affairs, Youth, the Family and Children, Finance and Health, civil society organizations, local authorities, the media, academic and research institutions and international organizations.

Component entitled "Quality education for all children"

27. This component aims at reforming the education system with a view to making it more equitable, inclusive and effective, in the context of democratic transition characterized by strong social demand. The component comprises the three sub-components described below.

28. The first sub-component concerns early childhood education and consists in formulation, monitoring and evaluation of the strategy for generalizing the pre-school year and establishing public and community kindergartens in the poorest areas. These aims will be achieved through advocacy, capacity-building, knowledge management and exchange of experience.

29. The second sub-component will promote support for mainstreaming the new strategy against dropping out of school and elementary school failure into the reform process on the basis of recent studies in order to implement innovative regional and gender-specific procedures focused on children and adolescents. Such support will consist in training national and regional executives, introducing decentralized mechanisms to follow up on outcomes and supporting pupils in difficulty in disadvantaged establishments and areas.

30. The third sub-component will consist in supporting educational system reform, aimed at improving quality and equity, through the creation of governance authorities and monitoring and evaluation entities, the enhancement of the capacities of stakeholders, advocacy and technical assistance in introducing special programmes (school inclusion of disabled children, priority education or social activities for schools), and the adoption of strategies for civic education or the prevention of school violence and drug addiction. The participation of all pupils, regardless of gender, and other education stakeholders will be actively encouraged.

31. Education component implementation partners will be the Ministry of Education and institutions supervised by it, the Ministries of Social Affairs and the Family, and other partners, such as regional delegations, local authorities, academic and research institutions, civil society organizations and technical and financial partners (TFPs).

Component entitled "Child and adolescent protection"

32. This component aims at strengthening the system for the protection of boys and girls against violence, abuse, exploitation and negligence, through improved and equitable prevention and other appropriate measures. The component comprises the three sub-components described below.

33. The first sub-component concerns support at the level of legal standards, policies and the protection system through the adoption of a national strategy for the protection of children that is gender-sensitive and aims at more effective targeting of children victims of violence, mistreatment, abuse or exploitation; the updating and

operational implementation of the national plan for combating violence against children; and strengthening information systems to ensure more effective rapid response. Emphasis will be given to networking and improved coordination among services (stressing the mobilization of the health and education sectors), with a focus on prevention and rehabilitation of child victims, regardless of gender.

34. The second sub-component concerns protection services. Institutionalization will be reduced in favour of placement with a family, support for biological families, family rehabilitation and development of programmes for assisting de-institutionalized children. Building the capacities of professional staff, implementing such alternatives to detention as release under supervision, and promoting social and family reintegration of all children, regardless of gender, will ensure that the professionals concerned will apply the legislation more appropriately to children in contact with the law and that such children are protected more effectively.

35. The third sub-component concerns social change. Studies on family educational practices, particularly from a gender perspective, and advocacy of social and behavioural change will lead to improved practices on the part of families and professionals and will help to combat discrimination against vulnerable children.

36. The main partners will be the Ministries of the Family, Justice, Social Affairs, Security, Health, Education and Vocational Training, and Employment, civil society organizations and the media. Consideration will be given to other innovative partnerships with parliament and with academic, research and training institutions.

Intersectoral component

37. Cross-cutting advocacy strategies based on factual data, knowledge management, South-South or triangular cooperation, and promotion of innovation will support the programme as a whole and will be supplemented with promotion of the participation of children and adolescents and with advocacy of social and behavioural change towards respect for the rights of children and gender equality. In each component, attention will be paid to children with disabilities. The intersectoral component will serve as support for all of the other components.

Relationship to national priorities and UNDAF

38. The United Nations Development Assistance Framework (UNDAF) is based on the following three main pillars of development in Tunisia:

(a) Democratic governance;

(b) An inclusive, sustainable and resilient economic model;

(c) Social protection and equal access to quality social services. The action described above is part of the third pillar and is related to the other two.

39. In the absence of a development plan, national priorities are established in national budgets and processes based on a broad national consensus, such as the social contract signed in early 2013 by social partners and the Government.

Relationship to national priorities

40. Tunisia has progressed towards achieving the MDGs and has attained most of the targets to be reached by 2015. A joint effort on the part of United Nations agencies is required in order to eliminate lags in connection with MDG 5 and MDG 6.

41. The country programme is designed to address multisectoral problems and gives priority to three outcomes of the strategic plan of UNICEF for the period 2014-2017: social inclusion, education and protection. It is based on the observations of human rights treaty bodies, particularly the concluding observations formulated by the Committee on the Rights of the Child in 2010 and requiring a response from the country during the next period.

Major partnerships

42. In this programme, the Government and UNICEF will accord priority to the creation of partnerships between the public and private sectors, civil society, the media and international organizations in order to promote the rights of all children in Tunisia.

43. Cooperation with academic and research institutions will aim at sharing knowledge on children, promoting institutionalized training and identifying innovative approaches. Partnerships will be sought with NGOs in order to build their capacity to support vulnerable children, with the private sector in view of its social responsibility, and with the media in order to enhance their programming capacities and ethical role with respect to the child and promote children's participation in media production.

44. Partnerships with international organizations will be established in order to create synergies within the framework of the various components. Partnerships with the World Bank and the European Union will be strengthened. In order to ensure consistency among agencies of the United Nations system, there are plans for joint programmes, particularly in the areas of maternal health and young persons. South-South cooperation will be conducive to experience sharing and bilateral or triangular inter-agency collaboration. Increased attention will be paid to partnerships with organizations specializing in gender issues in order to encourage girls' and women's empowerment and mainstream gender considerations into all programme components.

Monitoring, evaluation and programme management

45. Monitoring and evaluation will help to assess progress, constraints and challenges through equity- and gender-sensitive information systems within partner institutions. Monitoring and evaluation will rely on collecting disaggregated data and building national and regional capacities in data analysis and use, particularly at the decentralized level, through tools for following up outcomes as regards equity.

46. Monitoring and evaluation mechanisms of the country programme will be similar to those set up within the UNDAF. Support will be provided for carrying out such surveys as the MICS on progress achieved during the period. Lastly, evaluations of programme components and a gender-specific analysis will be conducted in that interval.

47. Activities will be monitored through cooperation between UNICEF and national partners, civil society, beneficiary communities and children, adolescents and young persons, regardless of gender, by means of visits on the ground, identification of experiences, and verification procedures provided for within the framework of the harmonized approach to cash transfers (HACT). Coordination will be ensured through participation in thematic or multi-party coordination groups.